McKinney-Vento Verification Form

SC DSS Homeless Child Care Scholarship Program
P.O. Box 100160
Columbia, SC 29202-3160

Purpose: This form is used as verification of eligibility under the McKinney-Vento Homeless Assistance Act for children and youth experiencing homelessness.

Student Name (first and last):	**DOB:**	
School:	**Grade:**	**Age:**
Parent/Guardian Name (first and last):	**Relationship to student:**	

Please check the boxes that best describe the student's current living situation:

- ☐ Doubled up: sharing the housing of others due to loss of housing, economic hardship, or a similar reason
- ☐ Motel, hotel, campground, car, park, public space, abandoned building, bus/train station, or similar setting
- ☐ Shelter or transitional housing
- ☐ Substandard housing, including housing without adequate utilities, plumbing, safety, space, or other basic needs
- ☐ Other: _____

Certification: I declare that the information provided on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian:	**Date:**
Email:	**Phone (include area code):**

McKinney-Vento Program Contact Information

Name:	**Title:**
District/CoC:	
Email:	**Phone (include area code):**